MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08558

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ANNE-ARUNDEL MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D. C; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) UNKNOWN

3. NAME OF DECEASED (Type or Print): (First) Clark (Middle) NONE (Last) ALLEY

4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-19-1918

9. AGE last birthday: 33 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INMATE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles ALLEY

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Record D.T.S. Laurel Md. & Dr. Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152X

Immediate cause (a) Cancer of the Duodenum — Interval Between Onset and Death: 1944

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Lobar pneumonia — 1951

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: mental deficiency mongolism - Shot - deaf and mute

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1949, to 9-5-, 1951, that I last saw the deceased alive on 9-5-, 1951, and that death occurred at 1:13 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. Schudt M.D. Medical Officer D.T.S. Laurel Md 9/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb 15-41

NAME OF CEMETERY OR CREMATORY: Forest Hill Cem

LOCATION (City, town, or county) (State): Silver Springs Md

DATE REC'D BY LOCAL REG.: Sept 5-1951

REGISTRAR'S SIGNATURE: Clara Hasluh

24. FUNERAL DIRECTOR: Warner & Humphrey ADDRESS: Silver Spring

VS. A151

RECEIVED
SEP 16 1892
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08559

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2123

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN not knonw
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) Armwood (Last)

4. DATE OF DEATH: (Month) 9/3/51 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: not known

9. AGE last birthday: 81(?) yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Angelo Armwood

14. MOTHER'S MAIDEN NAME: Amanda Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ******

16. SOCIAL SECURITY NO.: ******

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — known since 4/19/40

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

4/22.2 938

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 4/19/40, 19..., to 9/3/51, 19..., that I last saw the deceased alive on 9/3/51, 19..., and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE: Jack Mogenstern (Degree or title) M D — ADDRESS Crownsville, Md. — DATE SIGNED 9/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 9/5/51 — NAME OF CEMETERY OR CREMATORY: Univirsity Med School — LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG. 9/5 — REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: Frances A Hemsley — ADDRESS: 578 W Biddle St

VVVVVV

RECEIVED
SEP 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08560

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Annapolis)
STATE: MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~~Hill~~ Highland Beach

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Highland Beach
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Shedrick (Last) Aytch

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 16, 1949

9. AGE last birthday: 2 yrs. If under 1 year: Months 3, Days 4. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Freedmens Hospital Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Aytch

14. MOTHER'S MAIDEN NAME: Julia Aytch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Julia Aytch, Highland Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus

344X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157a (c)

Interval Between Onset and Death:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10 & 9-20-51, 19..., to ..., 19..., that I last saw the deceased alive on 9-20-51, 19..., and that death occurred at 5 & 10 p.m., from the causes and on the date stated above.

SIGNATURE: A. T. Allen (Degree or title) MD ADDRESS: 10 Carroll DATE SIGNED: 9-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 22, 1951

NAME OF CEMETERY OR CREMATORY: Brewer Hill

LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Sept. 22, 1951

REGISTRAR'S SIGNATURE: W. T. French

24. FUNERAL DIRECTOR: J. B. Johnson

ADDRESS: Annapolis Md.

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08561

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Arkansas; COUNTY: Bradley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warren
STREET ADDRESS (If rural, give location): P. O. Box 423

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Harris (Last) Barnes
4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1957

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 20 June 1948
9. AGE last birthday: 3 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvin Harris Barnes
14. MOTHER'S MAIDEN NAME: Lottie Jean Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: Alvin Harris Barnes (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.3 Immediate cause (a) Meningitis suppurative — 6 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
Blow
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -
(CITY OR TOWN): -
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 18 Sept., 1957, to 18 Sept., 1957, that I last saw the deceased alive on 18 Sept, 1957, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
MARY E. STEINHEIMER, Capt. MC
Mary E. Steinheimer, Capt. M.C. U.S. Army Hospital, Ft. Meade, 18 Sept 1957

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 18 Sept 57
NAME OF CEMETERY OR CREMATORY: Mosley Cemetery
LOCATION (City, town, or county) (State): Warren, Arkansas

DATE REC'D BY LOCAL REG.: 19 Sept 57
REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt. MSC
24. FUNERAL DIRECTOR / ADDRESS: Donaldson Funeral Home Laurel, Md.

RECEIVED
SEP 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08562

CERTIFICATE OF DEATH

Reg. Dist. No. 2103

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 435 - Browning Court

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: do
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eula	Virginia	Barth	Sept.	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	June 25 1914	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nottingham-Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Landon Roney
14. MOTHER'S MAIDEN NAME: Mattie Strid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. R. B. Barth - Husband. Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the cervix — Interval between onset and death: 7 7

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

171 X
480

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 9/11, 1951, to 9/20, 1951, that I last saw the deceased alive on 9/20, 1951, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gustave K. Faucher M.D.	Glen Burnie 6, Md.	9/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 21 51	Glen Haven	Rocky Mount	N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/21	L. J. DeAlba	Bernard A. Fink #17	Cramerton N.C.
		Glen Burnie Md.	

RECEIVED
SEP 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08563

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place): 24 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSP., ANPLS., MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 84 Washington Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FANNIE	(N)	BLACKSTONE	SEP	24	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Married	12 NOV 1893	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hospital Maid	- -	Annapolis, Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL TAYLOR	ELIZABETH PARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	214-30-7010	U. S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE PULMONARY EDEMA (N434.2)	17 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CONGESTIVE HEART FAILURE (N434.1)	24 das plus
	ARTERIOSCLEROTIC HEART DISEASE (N420.0)	24 das plus
	(c) NEPHROSCLEROSIS (N446)	24 das plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
- -	- -	- -		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
- - -			m.			- -

22. I hereby certify that I attended the deceased from 31 AUG, 1951, to 24 SEP, 1951, that I last saw the deceased alive on 24 SEP, 1951, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

SIGNATURE: R. K. Brooks (Degree or title) R. K. BROOKS, LCDR MC USN — ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 28, 1951	Brewer Hill Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/25/57	A W Hedrick	William Reese & Son	108 Washington St. Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08564

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville P.O.; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS near Herald Harbor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 4326 Clay N.E.

3. NAME OF DECEASED (Type or Print): (First) ROGER (Middle) R. (Last) BOWEN

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 5-14-1908

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: on boat

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Ralph Barbour Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

E50,8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Little Round Bay

(CITY OR TOWN) near Herald Harbor, (COUNTY) Crownsville, (STATE) A.A., Md.

TIME OF INJURY (Month) Sept. (Day) 30, (Year) 1951 (Hour) 2 P.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Fell over board from boat he had been unloading

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) John M. Coffey M.D. Deputy Medical Examiner ADDRESS Annapolis Md. DATE SIGNED 9/30/51

27. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 10-3-1951; NAME OF CEMETERY OR CREMATORY Woodlawn; LOCATION (City, town or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. Oct. 1, 1951; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR William Keasel, II ADDRESS Washington Annapolis, Md.

VS. A15A

RECEIVED
OCT 8 1951
V. S.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE FILE NO. OF DEATH — BIRTH NO. — Registered No. 06565

1. NAME OF DECEASED (Type or Print) John T. Bowser — 2. DATE OF DEATH 9/9/51

3. PLACE OF DEATH — A. County Anne Arundel Co. — B. City, Town, or Township Maryland — Fatapsco Park

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 120 - Zepplin ave.

c. Length of stay in Baltimore 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) — A. STATE Md. — B. COUNTY Anne Ar — City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Patapsco Park Md

D. STREET ADDRESS (If rural, give location) 100 - Zepplin ave.

5. SEX M. — 6. COLOR OR RACE Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Dec. - ?-1883 — 9. AGE (In years last birthday) 68 — If Under 1 Year: Months, Days — If Under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10B. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Va. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Bowser — 14. MOTHER'S MAIDEN NAME Sara Frances Vess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service) None — 16. SOCIAL SECURITY NO.

17. INFORMANT Joseph Henry Bowser — ADDRESS 100 - Zepplin Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Insufficiency, Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo +

DUE TO

(B) Pulmonary Tuberculosis — 2 mo +

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

135

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO

21A. ACCIDENT, HOMICIDE, SUICIDE, LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1951, *to* Sept 1, 1951, *that I last saw the deceased alive on* Sept 1, 1951, *and that death occurred at* 10:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE E. Pelton Linthicum, M. D. — 23B. ADDRESS Linthicum Hts, Md — 23C. DATE SIGNED Sept 10, 1

24A. BURIAL, CREMATION OR REMOVAL (Specify) Burial — 24B. DATE 9/12/51 — 24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary — 24D. LOCATION (City, town or county) (State) Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR 9/12/51 — REGISTRAR'S SIGNATURE A. W. Hedrick — 25. FUNERAL DIRECTOR A. Halstead — ADDRESS 918 -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08566

CERTIFICATE OF DEATH

Reg. Dist. No. 2142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (in this place) 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ERNEST	B	BREEDEN	9	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	S	6-27-51	— yrs.	2	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHILD		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DALTON J. BREEDEN	SALLIE BREEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		SALLIE BREEDEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pneumonia	24 hours
7560 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 15 yrs (b)	Fibrocystic Disease of Pancreas	Since Birth
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 31 Aug, 1951, to 19 Sept, 1951, that I last saw the deceased alive on 9/19, 1951, and that death occurred at 8:52 P m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Philip Brecic MD 212 Prince Georges St 9/20/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 21-51	Glen Haven	Ritchie Hwy GG Co Md

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR . ADDRESS
9/21	L. J. DeAlba	Bernard A Forde 417 Crain Hwy NE Glen Burnie Md

VS A15

24 1951

LIBRARY V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08567

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva
STREET ADDRESS (If rural, give location): Riva Post Office

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) HENRY (Last) BRITTON

4. DATE OF DEATH: (Month) September (Day) 3, (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 6, 1935

9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School boy

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Britton

14. MOTHER'S MAIDEN NAME: Edna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr Edward Britton Riva, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(a) Immediate cause: Intracranial Hemorrhage — Interval between onset and death: 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fracture of Fem.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Riva-Md.

(CITY OR TOWN) A.A.Co (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 1 - 51 10 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? auto accident - fr

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Annapolis Md DATE SIGNED: 9/3/51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-6-51

NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery

LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Sept. 6, 1951

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: B.L.Hopping and Son ADDRESS: Annapolis Md

044877

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08568

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY in this place 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Gotts Ct

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 20 Gotts Court (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W (Last) BROWN

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 1-1-1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Acad

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William H. Brown

14. MOTHER'S MAIDEN NAME: Janet Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service): yes W.W.I

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: William Brown Annapolis, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dilatation of Heart — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-renal hypertensive disease — unknown

(c)

442K
121a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Claffy M.D. Deputy Medical Examiner, Annapolis Md 9/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-20-1951 | NAME OF CEMETERY OR CREMATORY St. Anns | LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. 9/19/51 | REGISTRAR'S SIGNATURE a w pedrick

24. FUNERAL DIRECTOR William Reese II | ADDRESS 108 Washington St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08569

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cape St Clair
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cape St Clair
STREET ADDRESS (If rural, give location) Annapolis R.7.

3. NAME OF DECEASED (Type or Print): (First) EDGAR (Middle) (Last) BUFFETT

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-14-1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House - dy

11. BIRTHPLACE (State or foreign country): Easton Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: George Buffett

14. MOTHER'S MAIDEN NAME: Anna Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Sarah V. Buffett Annapolis R.7.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 15 Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction — 3 wks.

420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10/51, to 9/17/51, that I last saw the deceased alive on 9/17/51, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Shipley, M.D. 63 College Ave. Annapolis 9/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9-25-51 — NAME OF CEMETERY OR CREMATORY St Annes — LOCATION (City, town, or county) Annapolis — (State) Md

DATE REC'D BY LOCAL REG. Sept. 25, 1951 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John W. Taylor Son — ADDRESS Annapolis Md.

SEP 27

MARYLAND STATE DEPARTMENT OF HEALTH

08570

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Rural; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Selby-on-the- Bay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills; STREET ADDRESS (If rural, give location) 4118 Fairfax St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELMER !	BRUCE	BURNETT	September 2, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 29/1912	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Route Salesman	Dairy Ind.	Lynchburg, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Jackson Burnett	May White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no none	577-05-1422	Martha A.Burnett, 4118 Fairfax St. Landover Hills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

1298 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

" (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Selby on the Bay	Selby on the Bay near Mayo, Maryland	A.A. Co.	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
9/2/51		Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley H. Duncan	M.D.	700 Fleet St.	9/3/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 6 1951	Fort Lincoln Cemetery	Colmar Manor, Pr.Geo.Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept. 5, 1951	[signature]	W.W.Chambers Company, Riverdale, Md.

VS. A15A

11 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08571

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 84 Calvert Street

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Elizabeth (Last) Butler
4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-25-1902
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Annapolis Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solum Harrod
14. MOTHER'S MAIDEN NAME: Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: John Butler 84 Calvert st. annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Generalized	? yrs.
	(c) Arteriosclerotic C.V.D.	1 yr.

4 21
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/51, to 9/18/51, 1951, that I last saw the deceased alive on 9/19/51, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Frank M. Shipley (Degree or title) M.D. ADDRESS 63 College Ave. Annapolis, Md. DATE SIGNED 9/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-21-1951 — NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG. 9/19/51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: William Reese 108 Washington Street Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

08572

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville | LENGTH OF STAY (In this place) 20 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Cooper
4. DATE OF DEATH: (Month) 9/2/51 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored	single	not known	52(?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Not Known	none	Virginia	

13. FATHER'S NAME: Isiah Cooper
14. MOTHER'S MAIDEN NAME: Lettie Bays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ***
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis known since 12/31/49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with organic changes of Nervous System

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
none		none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I hereby certify that I attended the deceased from 12/31/49, 19....., to 9/2/51, 19....., that I last saw the deceased alive on 9/2/51, 19 .., and that death occurred at 3:17 P. m., from the causes and on the date stated above.

SIGNATURE: Oscar Augustus (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 9/3/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	9/5/51	University Med School	Baltimore City	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/5	[signature]	Frances A Hemsley	5-98 W Biddle St

VS. A1

1

VVVVVV

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08578

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Patuxent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) Patuxent

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (Last) CRAWFORD
4. DATE OF DEATH (Month) Sept (Day) 19th (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 19-1894
9. AGE last birthday 57 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Penn Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter J. Crawford
14. MOTHER'S MAIDEN NAME Mary E. Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 217-07-6634
17. INFORMANT AND ADDRESS Fielder Crawford Odenton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John N. Claffy M.D. Deputy Medical Examiner Annapolis Md 9/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept 21st NAME OF CEMETERY OR CREMATORY Holy Trinity LOCATION (City, town, or county) Collinsworth (State) Md

DATE REC'D BY LOCAL REG. Sept 19-51
REGISTRAR'S SIGNATURE Clara Hall Jr
24. FUNERAL DIRECTOR John W. Dayton Son ADDRESS Annapolis Md

VS. A15A

RECEIVED
OCT 3 1941
BUREAU V. S.

Item 9 FilmG136 9/20/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08574

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY AA Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riveria Beach
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park & Cecil Roads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riveria Beach
STREET ADDRESS (If rural give location) Park & Cecil Roads

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Mary E. CRISPENS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 7th. 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 8/1879

9. AGE last birthday 72 71 yrs. If under 1 year: Months 9 Days 30 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry L. Eckhardt

14. MOTHER'S MAIDEN NAME Rose Gill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT Jacob Crispens...Park & Cecil Roads

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Embolism.	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Disease with occlusion.	undetermined
	(c) myocardial damage.	several years.

420.1 942

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from Aug 14, 1951, to Sept 7, 1951, that I last saw the deceased alive on Aug 28, 1951, and that death occurred at 12.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Graham Marston M.D ADDRESS 516 Cathedral St. Baltimore Md. DATE SIGNED 9-10-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 11/51 NAME OF CEMETERY OR CREMATORY Baltimore Cemetery LOCATION (City, town, or county) (State) Baltimore Maryland

DATE RECD BY LOCAL REG. 9/11/51 REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS F.B. Wippert & Son F.B. WIPPERT & SON 1300 Eutaw Place

Dry

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

26575

Reg. Dist. No. 3-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Laurel
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ft. Meade Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Laurel
STREET ADDRESS (If rural, give location) Ft. Meade Road

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Abrilla (Last) Crown

4. DATE OF DEATH: (Month) (Day) (Year) September 16, 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 6, 1870

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Prince Geo. County, Laurel, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Robert Jackson

14. MOTHER'S MAIDEN NAME: Matilda Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs. Juanita Vogts, Ft. Meade Rd., Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Softening of brain, 1 yr.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16, 1949, to Sept. 16, 1951, that I last saw the deceased alive on Sept. 16, 1951, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert J McCarney M.D. — Laurel, Md. — Sept. 16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/20/1951 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Pr. Geo. Md.

DATE REC'D BY LOCAL REG.: Sept 19-51 — REGISTRAR'S SIGNATURE: Elana Haslup

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Company, Riverdale, Md.

RECEIVED
OCT 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03576

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and complete answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shady Side — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shady Side Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shady Side
STREET ADDRESS (If rural, give location): Shady Side

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) EVANS (Last) CROWNER

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 9, 1951

9. AGE last birthday: yrs. If under 1 year: Months 2 Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE F. CROWNER

14. MOTHER'S MAIDEN NAME: LENORE TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: GERTRUDE TURNER, Shady Side Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONVULSIONS — Sudden

774X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PREMATURE BIRTH

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Laffy, M.D. Deputy Medical Examiner Annapolis Md 9/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR ~~CREMATORY~~ LOCATION (City, town, or county) (State)

St Matthews Cem Shady Side Md

DATE REC'D BY LOCAL REG. Sept. 20 51 REGISTRAR'S SIGNATURE J. B. Dent

24. FUNERAL DIRECTOR ADDRESS

T. A. Randolph Shady Side

2.404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8577

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade, Md.; LENGTH OF STAY (In this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Barracks, Ft. Meade, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New Jersey — COUNTY: Essex; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Orange; STREET ADDRESS (If rural, give location): 10 Edisonia Terrace

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Davis

4. DATE OF DEATH: (Month) September (Day) 7, (Year) 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	25 Mar 1913	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U. S. ARMY	Tennessee	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	1951		2131 ASU MRTC Personnel Records Ft. George G. Meade, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Exsanguination by suicidal intent	immediate
777X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1642	(b) Laceration of left antecubital space	immediate
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Suicide	Barracks	Ft. Geo. G. Meade	Anne Arundel	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☑ Not While At work ☐	HOW DID INJURY OCCUR?
Sept 7 1951 1030 a.m.		Self Inflicted

22. I hereby certify that I ~~attended the deceased from~~ examined the remains ~~19XXX to XXXXXXXX 19XXX~~ that I last saw the deceased alive on 7 Sept., 19 51, and that death occurred at 1030 a.m., from the causes and on the date stated above.

SIGNATURE: Alfred M. Steinman (ALFRED A. STEINMAN, 1st Lt MC) (Degree or title) — ADDRESS: 2101-1 USAH, Fort Meade — DATE SIGNED: 7 Sept 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7 Sept 51		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7 Sept 51	Neil L. Capt MSC	Earl B. Wolverton, Inc.,	Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08578

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham Park
STREET ADDRESS (If rural, give location): 114 Warrell Avenue

3. NAME OF DECEASED (Type or Print): (First) WARREN (Middle) (Last) DAVIS

4. DATE OF DEATH: (Month) September (Day) 7, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 1[illegible], 1902

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Oursman Chevrolet Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin W. Davis

14. MOTHER'S MAIDEN NAME: Cecelia Marion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Edna McCleland, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastric hemorrhage due to rupture of esophageal varix due to cirrhosis of liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Stanley K. Dunlocher (Degree or title) Ass't. Med. Examiner ADDRESS: 700 Fleet Street DATE SIGNED: 9/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/12/51
NAME OF CEMETERY OR CREMATORY: Fort Lincoln, Cemetery
LOCATION (City, town, or county) (State): Bladensburg, Md.

DATE REC'D BY LOCAL REG.: September 8, 1951
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: H.W. Measor Son ADDRESS: 805 N. Calvert St

VS. A/SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68574

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4/5

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; LENGTH OF STAY (in this place) MARYLAND 53 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS #7 2nd. Ave., S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) #7 2nd. Ave., S.W.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) A. (Last) Donaldson

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 19, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Suehle

14. MOTHER'S MAIDEN NAME: Sarah Keyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. N.F.Cross, Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92b	(b) Mitral Insufficiency	3 years
	(c) General arteriosclerosis	3y

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 3y

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948, to 9/2, 1951, that I last saw the deceased alive on 8/31/51, 19....., and that death occurred at 11:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave A. Faubert M.D. Glen Burnie, Md. 9/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 5, 1951

NAME OF CEMETERY OR CREMATORY: Glen Haven

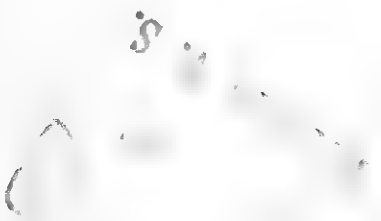
LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG. 9/5

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: R.V. Singleton

ADDRESS: Glen Burnie, Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68580

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kelsa
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) DOTSON
4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 20 Mar 1927
9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Clell Dotson
14. MOTHER'S MAIDEN NAME: Mary Justus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): Yes — (If yes, give war or dates of service): 1951
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Personnel Records 2053d ASU Rec Ctr Ft. Geo. G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock and hemorrhage. — 1 Hr

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) — (c)

812.5
170.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.): Street
(CITY OR TOWN): U.S. Rt. #1 Near Savage
(COUNTY): Howard
(STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sep 22 1951 0230 hrs. m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Soldier struck by an automobile

22. I hereby certify that I attended the deceased from 22 Sep, 19 51 to 22 Sep, 19 51 that I last saw the deceased alive on 22 Sep, 19 51, and that death occurred at 0333 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WORTH S. WILKINSON, CAPT, MC — ADDRESS: Ft. Geo. G. Meade, Md. — DATE SIGNED: 22 Sept 51

Worth S Wilkinson, Captmc.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 22 Sep 51
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Brandy, Va.

DATE REC'D BY LOCAL REG.: 25 Sep 51
REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt MSC
24. FUNERAL DIRECTOR: Earl B. Wolverton, Inc. — ADDRESS: Baltimore, Md.

VS. A15

SEP 27 1951

MARYLAND STATE DEPARTMENT OF HEALTH

08581

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Meade, Md.
STREET ADDRESS (If rural, give location) 2325 apt. D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lamont		Dowd	Sept.	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Single	25 Sept. 51	yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	-	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fredrick Douglas Dowd	Anne Murray Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
-	-	Father — 2325 Apt. D Ft. Geo. G. Meade, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Prematurity (6 mo. gestation	1 hr.
776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
59 (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
- m.		-

22. I hereby certify that I attended the deceased from 23 Sept., 1951, to 25 Sept., 1951, that I last saw the deceased alive on 25 Sept., 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE MARY E. STEINHEIMER (Degree or title) Capt MC ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	27 Sep 51	Post Cemetery	Ft. Geo. G. Meade, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
27 Sep 51	PAUL W. MITCHELL, Capt MSC	MAYNARD J. MOEN, 1st Lt (Chap Corps USA) Ft. Meade, Md.

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OCT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08582

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Creek, Route #3
STREET ADDRESS (If rural, give location) Annapolis

3. NAME OF DECEASED (Type or Print): (First) SVEN (Middle) OLOF (Last) ERICKSON

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1951

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 1/11/70 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Taxi Driver | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Sweden | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nils Ericson | 14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs O. of Nelson Annapolis R.F.D. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Paralytic Ileus — 24 hrs.

1 7/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
5 1 b (b) Genital Metastasis, Ca Prostate — Uncertain
(c) Operated - Prostatectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ? | 19b. MAJOR FINDINGS OF OPERATION: Ca Prostate | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1951, to 9/27, 1951, that I last saw the deceased alive on 9/27, 1951, and that death occurred at 6.20 P m., from the causes and on the date stated above.

SIGNATURE: Maurice K Lemmon (Degree or title) MD | ADDRESS: Annapolis, Md | DATE SIGNED: 9/28/51

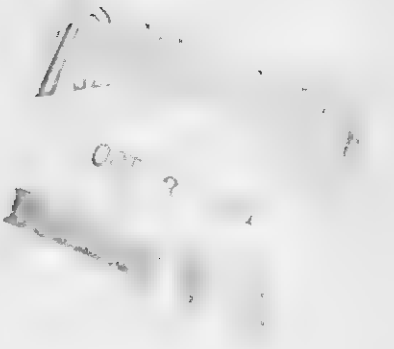
23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF: 9-30-51 | NAME OF CEMETERY OR CREMATORY: St Annes | LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: Sept. 30, 1951 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR, ADDRESS: Conn M. Taylor Son Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66588

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 325 Burnside St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Espey

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 7, 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Lewis

14. MOTHER'S MAIDEN NAME: Martha Howes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---

16. (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: AnneArundel County Welfare Board Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval between onset and death: 12 hrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic CVD. — 5+ yrs.
(c) Cerebral Vascular Accident — 4 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1951, to 9/20/, 1951, that I last saw the deceased alive on 9/20/, 1951, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank M. Shipley M.D. 63 College Ave. Annapolis, 9/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 22, 51 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Sept. 22, 51 — REGISTRAR'S SIGNATURE: W. T. French

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

SEP 1951
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08584

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia — COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 718 19th Street, N. W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Meaghan	Listoe	Field	Sept	1	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	W.	Single	1 Sept 57.	— yrs.			15	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Maryland Providence Hosp. Wash. D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Morris Field	Hannah Listoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 **Immediate cause** (a) Prematurity

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 Sept, 1957, to Sept 1, 1957, that I last saw the deceased alive on 11:45 P., 1957, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE Capt WM J. CORZINE, (Degree or title) MD ADDRESS Ft. Meade Army Hosp. DATE SIGNED Sept 1, 57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 Sept 57	Post Cemetery	Fort George G. Meade, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5 Sept 57	PAUL H. MITCHELL, Capt. MSC	Harry T. Rowe, 1st Lt. [illegible] USAR	[illegible]

20901125131 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08185

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park and Arbutus Roads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach
STREET ADDRESS (If rural, give location) Park and Arbutus Roads

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) E. (Last) Francis

4. DATE OF DEATH: (Month) September (Day) 14, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 3, 1864

9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Woodworking Machinist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Francis

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-5219

17. INFORMANT AND ADDRESS: Mrs. Agnes S. Holler, Riviera Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive heart failure	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Pleural effusion, right lung	2 months
(c)	Bronchial asthma	50 yrs.

434.1
110b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1950, to Sept. 14, 1951, that I last saw the deceased alive on Sept. 13, 1951, and that death occurred at 8:17 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Randall M. McLaughlin M.D. | Pasadena P.O., Md. | Sept. 14. 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/17/51 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9-14-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Wm. Cook, Inc. | ADDRESS: 1217 St. Paul Street

VS. A-13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08586

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Route #2 Pascalena P.O.; LENGTH OF STAY (in this place) Resident 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Colonial Beach Rd, Box 188

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Route #2 - Box - 188 -; STREET ADDRESS (If rural, give location) Colonial Beach Rd, Rock Creek, Pasadena P.O.

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) L. (Last) FRANK

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 17, 1885

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Anne Arundel Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gray

14. MOTHER'S MAIDEN NAME: Elmira R. Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Paul Frank (Husband) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of ileum — Interval Between Onset and Death: unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 7, 1957

19b. MAJOR FINDINGS OF OPERATION: Ca of ileum with multiple metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1957, to Sept. 29, 1957, that I last saw the deceased alive on Sept. 29, 1957, and that death occurred at 5:50 A.m., from the causes and on the date stated above.

SIGNATURE: Randall M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena P.O. Md. DATE SIGNED Sept. 29. 1957

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Tues, Oct 2, 1957

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Anne Arundel Co, Md.

DATE REC'D BY LOCAL REG.: 10/1/57

REGISTRAR'S SIGNATURE: A. A. Hebert

24. FUNERAL DIRECTOR ADDRESS: R. Bowen & Evans - 1400 S. Charles St, Balto. 30, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08587

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY ANN ARUNDEL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JESSUPS; LENGTH OF STAY (in this place) 4 yrs 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS ORCHARD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
STREET ADDRESS (If rural, give location) RURAL RED #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	VIOLA	HANDLEY	SEP	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	MARRIED	10 APRIL 1912	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	NONE	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ULYSESS GRANT KEENEY	DAISY EDWARDS HEFNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	216-22-9252	WILLIAM HANDLEY Rt #1 JESSUPS MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARCINOMA OF CERVIX W/METASTASES	2 months
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
(1) 9 JAN '51 (2) JUNE '51	CARCINOMA OF CERVIX W/METASTASES	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1948, to Sep, 1951, that I last saw the deceased alive on 25 Aug, 1951, and that death occurred at 6:55 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS DATE SIGNED 9-12-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-12-1951	Mt. Olivet Cemetery	Frederick - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/14/51	Olive Keefer	C E Cline & Son - Frederick - Md.

VS-A15

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08588

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fatal Laurel — LENGTH OF STAY (in this place) 2 mo 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3719 Grant St. N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marcell		Harris, Jr	9	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Negro	single	4-27-50	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marcell Harris	Bernice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no —	—	D.T.S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral bronchopneumonia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Birth injury, spastic quadriplegia, epilepsy, mental deficiency; blood - Wassermann pos. — life

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7-16-, 1951, to 9-17, 1951, that I last saw the deceased alive on 9-14-5-, 19.., and that death occurred at 2 05 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Dixon MD		D.T.S. Laurel Md	9-17-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-17-51		Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 17-51	Clara Hasley	Mahew & Sheriff	424 R St NW Washington DC

RECEIVED
OCT 8 1951
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville, Md. — LENGTH OF STAY (in this place) 14 yrs. 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 830 W. Lexington St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie		Hayes	9	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Separated	1901?	50? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis Brown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

7321 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia - Paranoid Type — Known to us since 5/26/37

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
—	—	—	m.	—	—

22. I hereby certify that I attended the deceased from 10/13, 1941, to 9/10, 1951, that I last saw the deceased alive on 9/10, 1951, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE: Jacob Thrasher M.D. (Degree or title) — ADDRESS: Crownsville, Maryland — DATE SIGNED: 9/10/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removed	9/28/51	University Med. School	Balto City	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/28/51	J. DeAlva	Frances A Hemsley & Son	1811 Biddle St

Items 11,12,13,14 23 FilmG136 10/2/51 ww

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68550

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA to 2101-1 U. S. ARMY HOSPITAL	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 443 Columbia St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Allen	F.	Iames		9	21	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	24 Oct 1932	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U. S. Army	W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unk	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Personnel Records Hqs FGGM, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gunshot Wound Chest	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Post Motor Pool	Fort George G. Meade,	Anne Arundel	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
Sep	21	1951	2127 hrs.		Soldier found loitering around motor pool. Shot by sentry.

22. I hereby certify that I attended the deceased from Examined the remains of the deceased 19 to 19 ; that I last saw the deceased alive on 21 Sep, 1951, and that death occurred at 2127 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robt B. McFadden Jr.	MD	Fort George G. Meade, Md.	21 Sep 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	22 Sep 51	Baltimore National	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
24 Sep 51	PAUL [illegible] MITCHELL, Capt. MSC	Earl B. Wolverton, Inc.	Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

08591

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Larkin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 54 Larkin St.

3. NAME OF DECEASED (Type or Print): (First) NORA (Middle) LEE (Last) HOLLAND
4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Colored	M	12-10-1951	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William Watkins
14. MOTHER'S MAIDEN NAME: Dorsey Linn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Alfred Holland - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE DILATATION OF HEART — SUDDEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) ARTERIAL HYPERTENSION — unknown
(c) OBESITY — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Claffy M.D. Deputy Medical Examiner Annapolis Md 9/17/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-20-1951 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG 9/18/51 | REGISTRAR'S SIGNATURE a v Hedrick

24. FUNERAL DIRECTOR William Lebherz ADDRESS 108 Washington St Annapolis, Md.

VS. A-6A

Item 9 FilmG136 9/2t/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

U8592

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Anaundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SEVERNA PARK
LENGTH OF STAY (in this place) RURAL
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE WASHINGTON — COUNTY DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 2480 - 16th St NW

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) JANOF

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 4-13-01

9. AGE last birthday 50 51 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADVERTIZING SOLISITOR

10b. KIND OF BUSINESS OR INDUSTRY ADV.

11. BIRTHPLACE (State or foreign country) BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME MAX JANOF

14. MOTHER'S MAIDEN NAME FANNIE MAX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Louis Janof, 82 Alpine St Cincinnati Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma of Liver — 5 m

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant neoplasm of colon — 1 yr

153X 462 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 1951

19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma of Liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1951, to Sept. 16, 1951, that I last saw the deceased alive on Sept 16, 1951, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gene H. Preston M.D. Severna Park, Md. Sept. 16, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 18-Sept-51 — NAME OF CEMETERY OR CREMATORY Washington Burial Park — LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REG. Sept. 17, 1951 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS B Danzansky & Son, 3501-14th St NW Washington DC

VS/A-5

U. S. DISTRICT COURT
SEP 13 1961
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18593

Reg. Dist. No. 21

MARGIN USED FOR BINDING. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East port
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 third St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 8 Madison St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Kilbring
4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Apr 1 1899
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harry S. Price
14. MOTHER'S MAIDEN NAME: Susie J. Nutwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Husband 8 Madison St. Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung — Interval between onset and death: 1 yrs.

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

47 (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/14/, 1951, to 9/1/, 1951, that I last saw the deceased alive on 9/1/, 1951, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank M. Shipley, M.D. 63 College Ave, Annapolis, Md. 9/2/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 5 1951 — NAME OF CEMETERY OR CREMATORY: Davidsonville Cemt — LOCATION (City, town, or county): Davidsonville — (State): Md

DATE REC'D BY LOCAL REG.: Sept. 4, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John M. Taylor Son — ADDRESS: Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68594

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN A. A. Co. Home
STREET ADDRESS (If rural, give location) South River

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Hyde (Last) Kries

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1951

5. SEX F | 6. COLOR OR RACE W. | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) | 8. DATE OF BIRTH Unknown | 9. AGE last birthday 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Record at Home Annapolis R.F.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Vascular disease	yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pathological Fracture Surg. neck L. Humerus	1 wk.
	(c) Probable Prostatic Disease.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to Sept 8, 1951, that I last saw the deceased alive on 9/7, 1951, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE: Maurice Kleaveland (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 9/10/51

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF 9-10-51 | NAME OF CEMETERY OR CREMATORY St Annes Cemt | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Sept. 10, 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John W. Hayden Son ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8595

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and nearest town) OR TOWN: Sylvan Shores, Riva, Md.; LENGTH OF STAY (in this place): 9 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSP., ANPLS., MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sylvan Shores, Riva, Maryland; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) CAROL (Middle) ANN (Last) LANOIE

4. DATE OF DEATH: (Month) SEP (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 28 OCT 1948

9. AGE last birthday: 2 yrs. If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: ~~Navy Dep.~~

11. BIRTHPLACE (State or foreign country): Manchester, New Hampshire

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: LUCIEN R. LANOIE BM1 U. S. NAVY

14. MOTHER'S MAIDEN NAME: WINIFRED J. PARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X

Immediate cause (a) RUPTURE (N861) LIVER (N864) and SPLEEN (N865) — Interval Between Onset and Death: 45 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1752

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Country Road

(CITY OR TOWN) (COUNTY) (STATE): Sylvan Shores, Anne Arundel, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 9 23 51 5:45 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Child struck by automobile

DEAD ON ARRIVAL U. S. NAVAL HOSPITAL ANNAPOLIS, MD.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.K. Brooks — R. K. BROOKS, LCDR MC USN

ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Sept 25/51

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Rochester New Hampshire

DATE REC'D BY LOCAL REG.: Sept. 25, 1951

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: B. L. Hopkins & Son

ADDRESS: Annapolis Md

RECEIVED
SEP
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

28596

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manhattan Beach; LENGTH OF STAY (In this place) 7 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manhattan Beach; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margret		Lems	Sept.	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	MARRIED	Aug 24, 1888	63. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Germany	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Wegel	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		husband Manhattan Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized carcinomatosis	3 mos.
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Carcinoma, lt breast	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 1949	Carcinoma Lt. breast	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 10, 1951, to Sept 10, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 6 20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo M. Gretin	M.D.	Severna Park, Md	Sept 10 '51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B.	9.14.51	Sacred Heart	Balto.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-11-51		James L. McCurley	30 E. Hoffman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68597

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY A. A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 159 Conduit St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY AA; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 159 Conduit St

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) M. (Last) LINTHICUM

4. DATE OF DEATH: (Month) 9- (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug-24-1874

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Postoffice

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas J. Linthicum

14. MOTHER'S MAIDEN NAME: Mary D. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mabel D. Linthicum Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 weeks

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertension — Interval Between Onset and Death: Several years

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Interval Between Onset and Death: several years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1 1951, to Sept 18, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C Bond M.D. Annapolis Md 9-18-51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-20-51 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. 9.20.51 REGISTRAR'S SIGNATURE J. A. Dowell, M.D. FUNERAL DIRECTOR John M. Sayles Son ADDRESS Annapolis Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08598

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death cleanly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A.A. STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Jessups Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) DORA (Middle) Olive (Last) Manley

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 15, 1896

9. AGE last birthday: 55 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Severn Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zacariah Turner

14. MOTHER'S MAIDEN NAME: Cornelia Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: James Manley, Severn Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Vascular Disease	4 days.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 73d	(b) Arteriosclerosis	5 yr.
	(c) Hypertension	5 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none -

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.46, to 9/27....., 19.51, that I last saw the deceased alive on 9/27....., 19.51, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. L. Ball Jr. Lutherian 9/27/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/30/51 | NAME OF CEMETERY OR CREMATORY Friendship Cem. | LOCATION (City, town, or county) (State) A.A. Co., Md.

DATE REC'D BY LOCAL REG. 9/28/51 | REGISTRAR'S SIGNATURE Wm Redmond | 24. FUNERAL DIRECTOR ADDRESS Wm. J. Lichner & Son Balto. Md.

DR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05594

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 75 Washington

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) (Last) Maynard
4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: April 27/1895
9. AGE last birthday: 56 yrs. — If under 1 year: Months 4, Days 16 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Anne Arundel Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Green
14. MOTHER'S MAIDEN NAME: Mary Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Daisy Murray, Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the Stomach — 4 mos.

15 1/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -0-

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1957, to Sept 12, 1957, that I last saw the deceased alive on Sept 11, 1957, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 14/57 — NAME OF CEMETERY OR CREMATORY Mt. Calvary — LOCATION (City, town, or county) Arnold, A. A. Co. — (State) Md.

DATE REC'D BY LOCAL REG. Sept. 14, 1957 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR J.B. Johnson — ADDRESS Annapolis Md.

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08600

Reg. Dist. No. 21

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 911 West St

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) (Last) McGRAW

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH: August 20, 1951

9. AGE last birthday: — yrs. If under 1 year: Months — Days 26 If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael McGraw

14. MOTHER'S MAIDEN NAME: VIVIAN MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Michael McGraw 911 West St Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

724.0
182

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) Annapolis (COUNTY) A.A (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Exact time unknown

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Was fed about 2 A.M. and apparently rolled on face.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: John M. Caffy (Degree or title) M.D. Deputy Med. Examiner ADDRESS: Annapolis Md DATE SIGNED: 9/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Sept 15, 51 NAME OF CEMETERY OR CREMATORY: Cedar Bluff LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Sept. 14, 1951 REGISTRAR'S SIGNATURE: [illegible] Branch

24. FUNERAL DIRECTOR: B. L. Hopping & Son ADDRESS: Annapolis Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08601

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND — LENGTH OF STAY (in this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville P.O

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville P.O
STREET ADDRESS (If rural, give location) Haberbury

3. NAME OF DECEASED (Type or Print): (First) PAULINE (Middle) LINDA (Last) McLeRoy
4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1951
5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH July 19, 1951
9. AGE last birthday yrs. If under 1 year Months 2 Days 6 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ralph Louis McLeRoy
14. MOTHER'S MAIDEN NAME Hannah Theresa Connealy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sgt. Ralph L. McLeRoy, Crownsville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 182 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

20. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH ✓
PLACE (Home, farm, factory, street, office bldg., etc.) At Home (CITY OR TOWN) Waterbury (COUNTY) Crownsville A.A (STATE) Md
TIME OF INJURY (Month) Sept (Day) 25 (Year) 1951 (Hour) 9 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Coffey, M.D., Deputy Medical Examiner, Annapolis Md 9/25/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 26, 51 | NAME OF CEMETERY OR CREMATORY Ft. Meade Cemetery | LOCATION (City, town, or county) (State) Ft Meade Md

DATE REC'D BY LOCAL REG. Sept 25, 1951 | REGISTRAR'S SIGNATURE K.M. Jose

24. FUNERAL DIRECTOR B. L. Hopping & Son | ADDRESS Annapolis

2-3121-4427

MARYLAND STATE DEPARTMENT OF HEALTH

08602

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup; MARYLAND LENGTH OF STAY (In this place) Since birth; HOSPITAL OR INSTITUTION OR STREET ADDRESS Race Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup; STREET ADDRESS (If rural, give location) Race Road

3. NAME OF DECEASED (Type or Print): (First) PEGGY (Middle) LYNN (Last) MILLER

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 27, 1951

9. AGE last birthday: yrs. If under 1 year: Months 2, Days 19; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cosby Miller

14. MOTHER'S MAIDEN NAME: Lorane Haase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Cosby Miller, Race Rd. Jessup

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Regurgitation of milk

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: at home

(CITY OR TOWN): Jessup (COUNTY): A.A. (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Sept. 12 1951 4 PM

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Regurgitated its feeding

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Claffy (Degree or title) M.D. Deputy Med. Examiner ADDRESS Annapolis Md. DATE SIGNED 9/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept. 14/51; NAME OF CEMETERY OR CREMATORY: Meadow Ridge; LOCATION (City, town, or county) (State): Jessup, Md.

DATE REC'D BY LOCAL REG.: 9/13/51; REGISTRAR'S SIGNATURE: Dr. Hedrick

24. FUNERAL DIRECTOR: Harry A. Lutz Jr.; ADDRESS: 4101 Edmondson Ave

DM 10724 — 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade, Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 30
STREET ADDRESS (If rural, give location): 2409 Annor Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Russell	Howard	Mills	Sept	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Aug 31, 1951	yrs.			1	46

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	-	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luther Howard Mills	Alice Linton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	-	mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Erythro. blastosis. foetalis	life
770.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
161c	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-	-		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
- m.		-

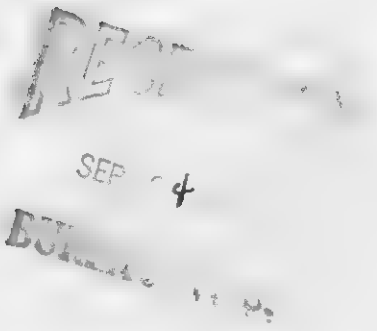
22. I hereby certify that I attended the deceased from 31 Aug, 1951, to 1 Sept, 1951, that I last saw the deceased alive on 1 Sept, 1951, and that death occurred at 0052 m., from the causes and on the date stated above.

SIGNATURE: JOSEPH C. SHEEHAN, Capt MC (Office or title) — ADDRESS: Fort Meade Army Hospital — DATE SIGNED: 1 Sept 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5 Sept 51	Post Cemetery	Fort George G. Meade, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
17 Sept 51	PAUL [illegible] MITCHELL Capt. MSC	Fort George G. Meade, Md. Harry T. Rose, 1st Lt. (Chap Corps USA)

208311 20337 V



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

·08604

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 146 Prince George St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 146 Prince Geo St.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Bradley (Last) Moss

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1951

5. SEX: F — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) — 8. DATE OF BIRTH: June 22-1877 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Dorchester Co Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hanson Bradley — 14. MOTHER'S MAIDEN NAME: Ellen Shuppin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Walter C. Moss Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

4/20.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 9 d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to Sept. 2 , 1951 , that I last saw the deceased alive on Aug. 29 , 19..... , and that death occurred at 5:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jesse L. Wilkins MD. 232 W. Geo St. Annapolis, md. 9/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Sept. 5-51 — Cedar Bluff — Annapolis Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Sept. 5, 1951 — [signature] — John W. Taylor Son — Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68C05

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Skidmore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Edison	Murray	Sept	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	married	Dec. 25, 1928	22 yrs.	6	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundryman		A. A. Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Murray	Mary Curry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mary Murray R. 2, Annapolis md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

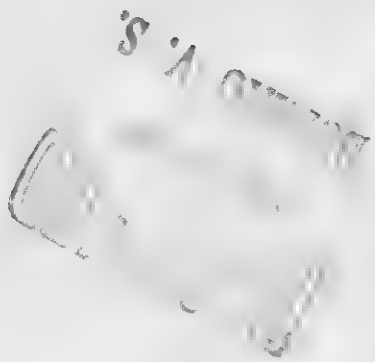
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept 15, 19..., to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE: Edward H. Hughes Jr. M.D. (Degree or title) ADDRESS: 9 Cathedral St. Annapolis, Md. DATE SIGNED: 20 Sept 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 20, 1951	Broadneck Cem.	Skidmore,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9.21.51		J. B. Johnson	Annapolis, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08606

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Haven; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Elizabeth Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Haven, Pasadena P.O.; STREET ADDRESS (If rural, give location) Elizabeth Ave.

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) John (Last) Paesch

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 30, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: B.A.Co. School Board

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Wilhelmina Pineflash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Florence M. Paesch - Greenhaven, Pasadena P.O., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive heart failure	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	pleural effusion, right lung	3 months
(c)		

434.1
110.3

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1949, to Sept. 10, 1951, that I last saw the deceased alive on Sept. 10, 1951, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE: R. M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena P.O., Md. DATE SIGNED Sept. 10. 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9

NAME OF CEMETERY OR CREMATORY: Magothy Church Cem.

LOCATION (City, town, or county) (State): Magothy, A.A.Co. Md.

DATE REC'D BY LOCAL REG.: 9/11/51

REGISTRAR'S SIGNATURE: H.W. Reduck

24. FUNERAL DIRECTOR / ADDRESS: R.V. Singleton, Glen Burnie, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08607

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potapsco Park; MARYLAND; LENGTH OF STAY (in this place): 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 121 Bishop Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arella (Middle) (Last) Palmer

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 18-1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jd Moses Duffin

14. MOTHER'S MAIDEN NAME: Emma Hynson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: James Wesley Palmer, Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Coronary Occlusion ... Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

14a (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----- 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. ----- PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Assistant Medical Examiner (Official title) ADDRESS: Glen Burnie, Md. DATE SIGNED: 9/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9-21-51; NAME OF CEMETERY OR CREMATORY: MK Cemetery Cem.; LOCATION (City, town, or county) (State): Brooklyn Md

DATE REC'D BY LOCAL REG.: 9/20/51; REGISTRAR'S SIGNATURE: A V Hennis

24. FUNERAL DIRECTOR: Elroy O. Wilson; ADDRESS: 1[illegible] Brooklyn Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08608

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 608 Bay Ridge Ave

3. NAME OF DECEASED (Type or Print) (First) Mildred (Middle) (Last) Peacock

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1951

5. SEX F

6. COLOR OR RACE White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH July 16th 1918

9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Ellis Reid

14. MOTHER'S MAIDEN NAME Nettie B. Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Chas Revell 608 Bay Ridge Ave Eastport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach met

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Liver & Intestines

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 Months

151X
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to Sept 9, 1951, that I last saw the deceased alive on Sept 9, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C Boyle M D Annapolis Md 9-10-51

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Sept 13-51 NAME OF CEMETERY OR CREMATORY Princess Ann LOCATION (City, town, or county) Princess Ann (State) Md

DATE REC'D BY LOCAL REG. Sept. 10, 1951 REGISTRAR'S SIGNATURE W. P. Lynch

24. FUNERAL DIRECTOR Dale Tarwell ADDRESS Princess Ann Md.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68C09

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Hts. | LENGTH OF STAY (in this place) All his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Anne Arundel COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Hts
STREET ADDRESS (If rural, give location) 208 S. Hammond Ferry Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna.	Maria	Peters	Sept.	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female.	White	Married	April 13 1864	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Ohio.	U.S.A.

13. FATHER'S NAME Louis Warnken.

14. MOTHER'S MAIDEN NAME Caroline Wehland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Chas. Peters, (Son). Linthicum, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart & Oedema of the Lungs	2 hours.
4.2.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio. Vascular Disease.	5 years.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	— m.	—	—

22. I hereby certify that I attended the deceased from ....., 19.45., to Sept 25, 19.51., that I last saw the deceased alive on Sept 25, 19.51., and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Bellington M.D. ADDRESS 109 Central Av. Glen Burnie DATE SIGNED Sept 25/1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 1, 1951	Lincoln Park. Bath Rd.	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
September 29 1951	R.W.	Wm. J. Vickner & Sons.	Balto. Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

58610

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Glen Burnie. LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bunday as 1606 Eutaw Place. Baltimore. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ COUNTY Balt City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 1606 Eutaw (If rural, give location) Baltimore. Md.

3. NAME OF DECEASED (Type or Print): (First) Rufus (Middle) Joseph. (Last) Phelps
4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1951

5. SEX Male. 6. COLOR OR RACE White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH April 5. 1875 9. AGE last birthday 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Printing Commercial.
11. BIRTHPLACE (State or foreign country) A.A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rufus D. Phelps
14. MOTHER'S MAIDEN NAME Eddie Warfield.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles Cromwell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 4 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease — 2 years

93d (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None. 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Sept 7, 1951, that I last saw the deceased alive on Sept 6, 1951, and that death occurred at 9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Bielenpla M.D ADDRESS 108 Cathedral St Glen Burnie Md DATE SIGNED Sept 7 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 10, 1951 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Brooklyn R.F.D. — (State) Md.

DATE RECD BY LOCAL REG. 9/8/51 — REGISTRAR'S SIGNATURE L. J. DeAlba — 24. FUNERAL DIRECTOR R.V. Singleton — ADDRESS Glen Burnie

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18611

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY A. A. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Ridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemont
STREET ADDRESS (If rural, give location) 3807 Annapolis Rd.

3. NAME OF DECEASED (Type or Print): (First) NETTIE (Middle) (Last) PLETZKO

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 19 51

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 11, 1876

9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Leash

14. MOTHER'S MAIDEN NAME: Louise -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Fausten Pletzko-3807 Annapolis Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	carcinomatosis	9 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	carcinoma of rectum	1 year
	(c)		

154X
46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1951, to Sept. 15, 1951, that I last saw the deceased alive on Sept. 14, 1951, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Crudall M. McLaughlin	M.D.	Pasadena P.O., Md.	Sept. 15. 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 17, 1951	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-17-51	L	C. M. Zickener & Sons	Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Bonnie; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Quarterfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quarterfield Rd Glen Bonnie; STREET ADDRESS (If rural, give location) Quaterfield Rd.

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) L. (Last) Queen

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 9, 1908

9. AGE last birthday: 42 yrs. If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Drugstore

11. BIRTHPLACE (State or foreign country): Marley Neck Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roderick A. Kess

14. MOTHER'S MAIDEN NAME: Francis E. Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: John Queen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Hemorrhage — Interval Between Onset and Death: 1/2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 6 months from history

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While at Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1-51, 19..., to Sept 3-51, 19..., that I last saw the deceased alive on Aug 23, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: John Lipscomb M.D. (Degree or title) ADDRESS: Odenton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9/6/51; NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery; LOCATION (City, town, or county) (State): Westport Md.

DATE REC'D BY LOCAL REG. 9-5-51; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: William Reed ADDRESS: 108 Washington St Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08613

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarets
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Margarets Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarets
STREET ADDRESS (If rural, give location) St. Margarets Md.

3. NAME OF DECEASED (Type or Print) [redacted] Cynthia Lucinda (Last) Randolph

4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1951

5. SEX Female | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 22, 1889 | 9. AGE last birthday 62 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) King William Co. Md | 12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME Fitzul Carter | 14. MOTHER'S MAIDEN NAME Elizabeth Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Eva Randolph - St. Margarets Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular heart lesions

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension and arteriosclerosis

932 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1951, to 9-9-, 1951, that I last saw the deceased alive on 9-8-, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE Emily H. Urlaub, M.D. (Degree or title) ADDRESS Lothian, Md. DATE SIGNED 9-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/11/1951 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Sept. 11, 1951 | REGISTRAR'S SIGNATURE W. D. French | 24. FUNERAL DIRECTOR William Reed | ADDRESS 108 Washington St. Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08614

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
LENGTH OF STAY (In this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Colen Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
STREET ADDRESS (If rural, give location) Old Colen Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) S. (Last) Reigle

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 10, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section foreman (Retd)

10b. KIND OF BUSINESS OR INDUSTRY: Pennsylvania R.R.

11. BIRTHPLACE (State or foreign country): Prince George County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Reigle

14. MOTHER'S MAIDEN NAME: Frances Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles Reigle, Harmans, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	48 Hrs
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Cardio-Vascular disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Sept 25, 1951, that I last saw the deceased alive on Sept 25, 1951, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: Edward J Shemett (Degree or title) M.D. ADDRESS: Edmbrville Md DATE SIGNED: Sept 26, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 28, 51
NAME OF CEMETERY OR CREMATORY: Epiphany
LOCATION (City, town, or county) (State): Quenton, Md.

DATE REC'D BY LOCAL REG. 9/27/51
REGISTRAR'S SIGNATURE: L. J. Walsh

24. FUNERAL DIRECTOR: Thomas W. Singleton, ADDRESS: Glen Burnie, Md.

[redacted]

[redacted] I. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05015

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; LENGTH OF STAY (in this place) ?; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNE ARUNDEL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEWATER; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) FAIRCHILD (Last) RICHARDSON

4. DATE OF DEATH: (Month) SEPT (Day) 5 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: AUG. 1, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: EDWARD FAIRCHILD

14. MOTHER'S MAIDEN NAME: ? VORHIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: ELDON F. NELSON, EDGEWATER, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 months

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-51, 19..., to 9-5-51, 19..., that I last saw the deceased alive on 9-5-51, 19..., and that death occurred at 2 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vincent Gorsch, M.D. ADDRESS Mayo, Md. DATE SIGNED 9/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF Sept 6, 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Shreveport, La.

DATE REC'D BY LOCAL REG. Sept 6th 1951 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons Co. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G136 10-1-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08616

Reg. Dist. No. 21-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parland | LENGTH OF STAY (in this place) 3 yr 9 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 Broadview Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parland
STREET ADDRESS (If rural, give location) 606 Broadview Blvd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LOUIS (Last) ROSS

4. DATE OF DEATH: (Month) Sept. (Day) 18, (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: 4/7/73 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store manager Odd jobs | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: ? Hackley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-14-8402 | 17. INFORMANT AND ADDRESS: Mrs Chas White Lothian

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis - Primary site unknown. (10-1-51 ams) — Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — II (b) Carcinoma of Liver — years

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 9/11/51 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

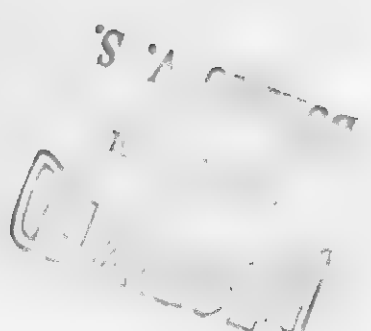
22. I hereby certify that I attended the deceased from 9/16/, 19 51, to 9/18, 19 51, that I last saw the deceased alive on 9/16, 19 51, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE: Thos Richard (Degree or title) MD | ADDRESS: Ft. Burns Md | DATE SIGNED: 9/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/20/51 | NAME OF CEMETERY OR CREMATORY: Good Shepherd | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG. 9/18 | REGISTRAR'S SIGNATURE: E. J. Callan | 24. FUNERAL DIRECTOR: Easton Sons | ADDRESS: Ellicott City, Md.

VS-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8617

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 820 Chesapeake

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	HICKS	RUSSELL	9	10	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	W	8-16-1861	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Oyster Packer	Sea Food	Annapolis Md	U.S.A

13. FATHER'S NAME Josiah Russell

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Jesse C. Russell Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Cardio-Vascular	Several years
4422 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nausea	
932	(c) Generalized Arteriosclerosis	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1951, to Sept. 10, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Boarman M.D		Annapolis Md	Sept 12-51

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	9-13-51	St Anns	Annapolis	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 13, 1951	W T Leach	John M Taylor-Son	Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

68618

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 2 hours
HOSPITAL OR ~~INSTITUTION OR~~ STREET ADDRESS, Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 280 West Madison

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) (Last) SEYMORE

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-12-16
9. AGE last birthday: 35 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Service Trucking Co.
11. BIRTHPLACE (State or foreign country): Fredericksburg, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Seymore
14. MOTHER'S MAIDEN NAME: Sarah Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Louis M Seymore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 3rd. Degree burns over entire body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

941.5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING _ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Cypress Ck. Rd
(CITY OR TOWN): Severna Park (COUNTY): A.A. (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 21, 1951 2 P.M.
INJURY OCCURRED While at work X Not while at work ☐
~~HOW~~ DID INJURY OCCUR? Truck which he was driving ran into ditch overturned & got stuck in Co

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident X, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Leffler M.D. Deputy Medical Examiner Annapolis Md 9/21/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: 9-24-51
NAME OF CEMETERY OR CREMATORY: Fredericksburg Cem.
LOCATION (City, town, or county) (State): Fredericksburg, Md.

DATE REC'D BY LOCAL REG.: Sept. 22, 1951
REGISTRAR'S SIGNATURE: W. T. Branch
24. FUNERAL DIRECTOR: James B. Dunfield
ADDRESS: Salisbury, Md.

SEP

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08619

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Point; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pasadena P.O. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena R.D.; STREET ADDRESS (If rural, give location) Long Point

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) Frederick (Last) SIMONAIRE

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 19 51

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: SEPT 17, 1904

9. AGE Last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Capper Press Mfg.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Julius Simonaire

14. MOTHER'S MAIDEN NAME: Lena Ruhe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No.: 216-03-5886

17. INFORMANT AND ADDRESS: Marie Elizabeth Simonaire Pasadena Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c)

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Thos M. Coffey (Degree or title) M.D. ADDRESS: Deputy Medical Examiner, Annapolis Md DATE SIGNED: 9/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/15/51 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 9-13-51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. M. Fawsett & Sons-Linthicum Md. ADDRESS

V.S. AIDA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08620

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie | LENGTH OF STAY (In this place) 42yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Crain Highway S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 16 Crain Highway, S.W.

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Benson (Last) Solley

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31, 1884

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hanover, Howard Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin T. Ray

14. MOTHER'S MAIDEN NAME: Virginia Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT: Thomas W. Solley, 16 Crain Heighway SW Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	9/18/51
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arterio-Sclerosis	5 Yr.
	(c) Hypertension	5 Yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1951, to 9/25, 1951, that I last saw the deceased alive on 9/25, 1951, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE: Chas. L. Ball Jr (Degree or title) ADDRESS: Linthicum Md. DATE SIGNED: 9/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept, 51. | NAME OF CEMETERY OR CREMATORY: Meadow Ridge | LOCATION (City, town, or county): Dorsey, | (State): Md.

DATE REC'D BY LOCAL REG. 9/27 | REGISTRAR'S SIGNATURE: E. J. Dallam

24. FUNERAL DIRECTOR: R. V. Singleton, ADDRESS: Glen Burnie, Md.

08621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) Box All Ha...

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Crawford

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-09-5112

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — [illegible]

40 (c) [illegible] — [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] [illegible] 9/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 21-51 — NAME OF CEMETERY OR CREMATORY: Meadow Ridge — LOCATION (City, town, or county): Wash Blvd. — (State): Md.

DATE REC'D BY LOCAL REG. 9/20/51 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Gertrude E. Keary — ADDRESS: Rt 46 Catonsville

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

US22

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
   LENGTH OF STAY (In this place) [illegible] hours
   HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural, give location) 3003 Hereford St.

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) T. (Last) Teal
4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 19[illegible]
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: Nov. 14, 1900
9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Ship Bldg. & Repr.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frank Teal
14. MOTHER'S MAIDEN NAME: Annie Hines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Lena M. Teal - 3003 Herbert St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart trouble

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Magothy River (CITY OR TOWN) H.O. Annapolis (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 9 - 22 - 1 4:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell overboard

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) Assistant Deputy ADDRESS [illegible] DATE SIGNED 9/22

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/26/27 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. — LOCATION (City, town, or county) Pikesville, Md. (State)

DATE REC'D BY LOCAL REG. 9/24/27 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Wm. J. Tickner & Son — ADDRESS Lake Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08623

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rendrel
LENGTH OF STAY (In this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rendrel
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Frank (Last) Ward

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept 7. 1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Farm

11. BIRTHPLACE (State or foreign country): Jewell Md

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Henry Ward

MOTHER'S MAIDEN NAME: Georgianna Busby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Amos Ward Lochdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Arteriosclerosis - severe	3 yrs
334K Antecedent cause(s)	(b) Generalized Arteriosclerosis - severe	Unk
77 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan....., 1951., to 4 Sept., 1951., that I last saw the deceased alive on 3 Sept., 1951., and that death occurred at 10 57 m., from the causes and on the date stated above.

SIGNATURE: B M Pearce — (Degree or title): MD — ADDRESS: Upper Marlboro Md — DATE SIGNED: Sept 5 1951

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: Sept 7. 1951 — NAME OF CEMETERY OR CREMATORY: Mt Zion Cem — LOCATION (City, town, or county) (State): Lothian Md

DATE REC'D BY LOCAL REG.: Sept 7th — REGISTRAR'S SIGNATURE: J. M. Craig

24. FUNERAL DIRECTOR: W. A. Saunders & Son — ADDRESS: Galesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

J8624

Reg. Dist. No. 21

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton
LENGTH OF STAY (In this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 2, Annapolis P.O

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sodus
STREET ADDRESS (If rural, give location): R.F.D #2

3. NAME OF DECEASED (Type or Print): (First) LEVI (Middle) (Last) WENNINGTON

4. DATE OF DEATH: (Month) SEPT (Day) 22 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug. 7, 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days 15 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Haywood Wellington

14. MOTHER'S MAIDEN NAME: Marjorie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Haywood Wellington, Route 2 Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) accident

(c)

E924.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 22 1951 5 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Mother rolled over on it in bed. while asleep.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Claffy M.D. Deputy Med Examiner Annapolis Md 9/22/51.

BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: Sept 25-1951 | NAME OF CEMETERY OR CREMATORY: Brewer Hill Memorial | LOCATION (City, town, or county) (State): Annapolis Maryland

DATE REC'D BY LOCAL REG.: Sept. 24, 1951 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR (ADDRESS): Wilson Reed IV 108 Washington st. Annapolis Md.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

DEC 25

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Charles (Last) Wilde

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Aug 24th 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat Captain

10b. KIND OF BUSINESS OR INDUSTRY: Bay Freighting

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Wilde

14. MOTHER'S MAIDEN NAME: Frederica Draper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lawrence Wilde Eastport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 49, to 9/21/51, that I last saw the deceased alive on 9/21/51, 19..., and that death occurred at 10.10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Annapolis Md 9/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-24-51 NAME OF CEMETERY OR CREMATORY Lenaker Burial Grounds LOCATION (City, town, or county) West River (State) Md

DATE REC'D BY LOCAL REG. Sept 24, 1951 REGISTRAR'S SIGNATURE [signature] J. French

24. FUNERAL DIRECTOR John W. Taylor Son ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05626

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr. Gambrills; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr. Gambrills; STREET ADDRESS (If rural, give location) Crain Highway

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Virginia Dare (Last) Williams

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 2-7-1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME/School teacher

10b. KIND OF BUSINESS OR INDUSTRY: Home/School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William R. Williams

14. MOTHER'S MAIDEN NAME: Matilda Dare Linthicum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: C. Osborne Duvall - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver + Exhaustion — Interval between onset and death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3rd, 1957, to Sept 5, 1957, that I last saw the deceased alive on Sept 5, 1957, and that death occurred at 11-9 m., from the causes and on the date stated above.

SIGNATURE: O'Mac Nemar MD (Degree or title) ADDRESS: Millersville Md. DATE SIGNED: 9-5-57

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF: 9/8/57 | NAME OF CEMETERY OR CREMATORY: St. Stephens Church Yard | LOCATION (City, town, or county): Chesterfield (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 7, 1951 | REGISTRAR'S SIGNATURE: E. M. Joyce | 24. FUNERAL DIRECTOR: John M. Taylor & Son ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please note the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08627

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A. Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Price		Wilson	Sept	4	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	widower	1851	100 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	—	Anne Arundel Co Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wilson	Martha E. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Edward Wilson, Edgewater Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteriosclerotic Heart Disease	
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-3-51, 19..., to 9-1-51, 19..., that I last saw the deceased alive on 8-31-51, 19..., and that death occurred at 5:38 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. J. Calby	M D	10 Conrad	9-4-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 4/51	Chews	Owensville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 4, 1951	Edward Callen	J. B. Johnson	Annapolis

VS. A15

RECEIVED
SEP 10 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Prelimhart

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08628

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 226 West St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 226 West

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VIOLA	CHANEY	WINNEG	9 -	15 -	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W		Mar-1-1887	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Annapolis Md	U.S.A.

13. FATHER'S NAME: Richard J. Chaney
14. MOTHER'S MAIDEN NAME: Sarah F. Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Duane Shafer Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V. disease

4/22/11 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 1, 19~~51~~, to 9/15/, 19~~51~~, that I last saw the deceased alive on 9-15, 19~~51~~, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE E. Burkett (Degree or title) ADDRESS Annapolis, Maryland DATE SIGNED 9/17/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Sept 17-51	St Annes	Annapolis	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 17, 1951	[signature]	Robert F. Suite	Annapolis Md.

V. 4-46

RECEIVED
SEP 18 1951
BUREAU V. S.